

ENGAGEMENT OF MEDICAL OFFICER ON CONTRACT BASIS

HINDUSTAN AERONAUTICS LIMITED (HAL), a Navaratna Central Public Sector Undertaking, is a Premier Aeronautical Industry of South East Asia, with 21 Production/Overhaul/Service Divisions and 10 R&D Centres spread across the Country. HAL's spectrum of expertise encompasses design, development, manufacture, repair, overhaul and upgrade of Aircraft, Helicopters, Aero Engines, Industrial & Marine Gas Turbines, Accessories, Avionics & Systems and Structural components for Satellites and Launch vehicles.

HAL Engine Division, Bangalore, invites application to the post of **Medical Officer on Contract Basis for the Occupational Health Centre**. The details are given below :-

Name of the Post	: Medical Officer
Advt No.	: E/HR/OHC/ 1 /2014
No. of Posts	: 01(One) - UR (Un reserved)
Qualification	: MBBS from recognized Institute/University
Experience	: 01 Year Post Qualification Experience from a Reputed Industrial / Government / Private Hospital.
Age	: Upper Age Limit is 35 Years as on 01.10.2014
Consolidated Remuneration:	Rs.47134/- Per Month (Appox.)
Tenure	: 06 Months (Extendable for a further period, on requirement basis)

GENERAL CONDITIONS

- Only Indian Nationals are eligible to apply.
- HAL reserves the right to cancel the advertisement and / or the selection process thereunder.
- Mere submission of application will not entail right for claiming engagement.
- Only short listed candidates will be called for interview at Bangalore.
- Decision of HAL Management regarding selection will be final.
- Resume/application sent through E-Mail will not be accepted/ entertained.
- SC/ST candidates applying for the post earmarked as Unreserved(UR) will not be provided any relaxation in upper age limit.
- In case of difficulty or for any queries, contact us at 080-22326206 or at dgm-hr.engines@hal-india.com
- The application fee is Rs.500/-(Rupees Five Hundred Only) which is non-refundable(exempted in case of SC/ST/PWD candidates). However, for claiming exemption in application fee by SC/ST candidates, candidates have to attach an self attested copy of the SC/ST certificate as applicable, issued by the Competent Authority and PWD candidates claiming exemption in application fees will have to attach an self attested copy of disability certificate The application fee is to be sent in the form of Crossed Demand Draft on any Nationalized Bank (preferably State Bank of India) in favour of 'Hindustan Aeronautics Limited, Engine Division(BC)', payable at Bangalore. The Demand Draft should have been obtained between 23/09/2014 to 11/10/2014. Application fee will not be refunded under any circumstances, even if the candidate is ineligible at the time of applying or rejection of application etc. No communication will be sent to the candidates. Therefore, before forwarding the application, candidates are required to ensure that they meet all the eligibility criteria.

Contd.2/-

- The work experience certificate should be in the letter head of the Organisation/Hospital.
- The engagement of selected candidates is subject to receipt of satisfactory Medical reports from the HAL Hospital as per the standards prescribed by HAL as well as verification of Character & Antecedents from the concerned Authorities, as per rules of the Company.
- If the information furnished by the candidate in any part is found to be false or incomplete or is not found to be in conformity with eligibility criteria mentioned in the advertisement, the candidature/ engagement will be considered as revoked/terminated at any stage of recruitment process or after recruitment or joining, without any reference given to the candidate.
- Any sort of canvassing or influencing the officials related to the recruitment/selection process would result in immediate disqualification of the candidate.
- Court of jurisdiction for any dispute/cause will be at Bangalore.

HOW TO APPLY:

Interested Candidates who meet with the above criteria may send their application strictly in the prescribed format (Neatly typed/hand written) by post, so as to reach on or before **11/10/2014** to **DGM(HR), Hindustan Aeronautics Limited, Engine Division (BC), C V Raman Nagar Post, Post Bag No.9310, Bangalore-560 093** in an Envelope superscribing "**Application for the Post of Medical Officer on Contract Basis**" The Application shall accompany self attested photo copies of certificates in support of Date of Birth, Educational Qualification, Experience etc and the Candidates are also required to write his/her name on the reverse side of Demand Draft.

Dy. General Manager (HR)

Encl: Application Format



**HINDUSTAN AERONAUTICS LIMITED
ENGINE DIVISION
BANGALORE COMPLEX**

Paste self attested
recent passport size
photograph

APPLICATION FOR THE POST OF **MEDICAL OFFICER**

Advt. No : E/HR/OHC/ 1 /2014

1.	Name (IN BLOCK LETTERS)	
2.	Gender	
3.	Father's Name	
4.	Mother's Name	
5.	Date of Birth Age as on 01.10.2014	a) _____ b) _____
6.	State of Domicile and Nationality	
7.	Contact / Mailing Address ----- ----- ----- Pin Code ----- Phone No.(with STD Code) : Mobile No : Email ID :	Permanent Address ----- ----- ----- Pin Code ----- Phone No.(with STD Code) : Mobile No : Email ID :
8.	Religion	
9.	Category	SC / ST / OBC / GEN
10.	Are you a Person with Disability (PWD)/ If so, mention the category of Disability (VD/OD/HD)	Yes / No VD/OD/HD
11.	Are you an Ex-Serviceman?	Yes / No

Contd..2/-

12. EDUCATIONAL QUALIFICATION: (Academic and Professional)

Sl. No.	Name of Qualification with Specialization wherever applicable	Institution / University	Nature of the Course (Full Time/Part Time/ Correspondence	Duration of the Course	Subjects / Specialization	Class/ Divn.	% of Marks (Aggre-gate of all years)	Month & Year of Passing

(Note : Please give full & complete information. Use separate sheets if required)

13. Post Qualification Experience :

Name of Organization	Post Held	From (dd/mm/yyyy)	To dd/mm/yyyy)	Experience in brief
Total Experience in Years & Months =				

(Note : Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

14. MBBS Registration No.:_____ Date _____

15. If selected, how soon can you join ? : _____

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/ appointment may be considered as terminated without any notice.

Place :

Date :

Note : The candidate is required to fill in all the columns.

Signature of the Candidate